

KENTUCKY EMPLOYEES' HEALTH PLAN OPEN ENROLLMENT 2012



OPEN ENROLLMENT 2012



Passive Open Enrollment begins October 10, 2011 to October 28, 2011

- Please encourage employees (who can) to enroll in the KHRIS system by using ESS (Employee Self Service)
- Employee ID letters will be mailed week of September 19th
- If members lock themselves out of the system they will need to contact their IC/HRG or call the KEHP ID number hotline at 877-741-7017
- KHRIS ESS will not be available from 6:00pm to midnight on October 20; and from 8:00pm on October 21 to 8:00am on October 22. Members will not be able to enroll online during these times

2012 WHERE TO ENROLL



KHRIS-ESS (Employee Self Service)



- KCTCS Retirees
- Active Commonwealth Paid Employees who are benefits eligible
- Active Non Commonwealth Paid Employees
- Retirees who have returned to work (eligible to use ESS under active job PerNr)

At KEHP, "Members Matter"

2012 WHERE TO ENROLL



KHRIS-ESS (Employee Self Service)

- Dual Employees who are benefits eligible under both PerNrs
- New Employees hired into KHRIS before or during Open Enrollment
- Employees on LWOP who are reinstated in KHRIS before Open Enrollment begins

[Link to the KHRIS website @kehp.ky.gov](http://kehp.ky.gov)



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2012 WHERE TO ENROLL



Can Not Enroll VIA ESS, Must do Paper/File:

- KRS Retirees
- KTRS Retirees
- JRS Retirees
- LRS Retirees
- Active Employees who wish to cross-reference with a KRS or KTRS retiree
- Active Employees who wish to add/drop a disabled dependent of any age
- Cross-reference
 - New and existing requesting changes



2012 ENROLLMENT OPTIONS



Can Not Enroll VIA ESS, Must do Paper/File:

- New Employees who were not hired into KHRIS before or during Open Enrollment period
- Employees on LWOP who come back right before Open Enrollment or during the Open Enrollment period
- Active Employees who have a future employment term date that is less than 1/1/2012



KHRIS-ESS TIPS/REQUIREMENTS



- The KHRIS Portal requires Internet Explorer 8 as the browser to successfully view and navigate in the KHRIS Self Service website. Other internet browsers such as Firefox, Google Chrome and Safari are not compatible viewers for the KHRIS Website.
- For users running Internet Explorer 9 there is a built in compatibility mode setting which can be activated to allow users to successfully view and navigate the site. Please view the following link for assistance with switching the browser to Compatibility View.
<http://support.microsoft.com/kb/956197>

KHRIS-ESS TIPS/REQUIREMENTS



- Pop-up blocker should be disabled
- The most recent version of Adobe Reader needs to be installed to correctly view/display forms in the KHRIS Self Service website
- For technical assistance members can contact KHRIS Help Desk at 502-564 HELP (4357)



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2012 BENEFITS ANALYZER



Benefits Analyzer

- Letter Only version for 2012 plan year
- Member does not have to select the plan that is recommended by the Benefits Analyzer
- Not all members will receive the Benefits Analyzer letter



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WHO WILL RECEIVE BENEFITS ANALYZER?



- Active Employees
- KTRS Retirees (who retiree with 20+ years of service and who have contribution records for the past 18 months)
- KCTCS Retirees



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WILL NOT RECEIVE BENEFITS ANALYZER



- KRS Retirees
- KTRS x-ref with a KRS Retiree
- Active x-ref with a KRS Retiree
- LRS Retirees
- JRS Retirees

SORRY!

2012 PLAN OPTIONS



- Commonwealth Standard PPO
- Commonwealth Maximum Choice
- Commonwealth Capitol Choice
- Commonwealth Optimum PPO
- Waiver HRA
- Waiver Dental/Vision ONLY HRA
- Flexible Spending Account
- Dependent Care Account



Commonwealth Standard PPO

COMMONWEALTH STANDARD PPO

Value-based, traditional PPO plan

Annual Deductible:

- Single \$500 (\$1,500 Out of Network)
- Family \$1,500 (\$3,000 Out of Network)



Annual Out-of-Pocket Maximum :

- Single \$3,500 (\$5,000 Out of Network)
- Family \$7,000 (\$9,500 Out of Network)



COMMONWEALTH STANDARD PPO

Co-Insurance

- Plan 75% (50% if Out of Network)
- Member 25% (50% if Out of Network)

Doctor Visits

- Deductible then 25%
(Deductible then 50% if Out of Network)



COMMONWEALTH STANDARD PPO



Routine Well Child Care

- Covered at 100%

(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



Routine Well Adult Care

- Covered at 100%

(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



COMMONWEALTH STANDARD PPO

Prescription Drugs

30-Day Supply

25%

Tier 1 – Generic

Min \$10 - Max \$25

Tier 2 – Formulary

Min \$20 - Max \$50

Tier 3 – Non-Formulary

Min \$35 - Max \$100



At KEHP, "Members Matter"

COMMONWEALTH STANDARD PPO

Prescription Drugs

90-Day Supply

25%

(Retail or Mail Order)

Tier 1 – Generic

Min \$20 - Max \$50

Tier 2 – Formulary

Min \$40 - Max \$100

Tier 3 – Non-Formulary

Min \$70 - Max \$200



At KEHP, "Members Matter"

COMMONWEALTH STANDARD PPO RATES



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$496.14	\$496.14	\$0
Parent Plus	\$764.68	\$756.40	\$8.28
Couple	\$1,144.72	\$862.54	\$282.18
Family	\$1272.86	\$984.42	\$288.44
Family X-ref	\$636.44	\$636.44	\$0

All employee contributions are per employee, per month

COMMONWEALTH STANDARD PPO RATES



(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$496.14	\$470.64	\$25.50
Parent Plus	\$764.68	\$704.08	\$60.60
Couple	\$ 1,144.72	\$810.22	\$334.50
Family	\$ 1,272.86	\$932.10	\$340.76
Family X-ref	\$ 636.44	\$611.72	\$24.72

All employee contributions are per employee, per month

COMMONWEALTH STANDARD PPO



PROS

- Dependent coverage at a cheaper rate
- Good plan for catastrophic coverage
- Prescription benefits with member responsible for 25% of script
- Great plan for people who are interested in good, basic plan and want dependent coverage at a lower price



COMMONWEALTH STANDARD PPO



CONS

- Member will pay out-of-pocket first until deductible is satisfied then pay co-insurance
- Plan does not have fixed co-pays for providers or for prescriptions
- Max out-of-pocket is higher for both single and family plans



At KEHP, "Members Matter"

Commonwealth Maximum Choice

(Not available to Retirees)

COMMONWEALTH MAXIMUM CHOICE



Embedded Health Reimbursement Account (HRA)

Single: \$1,000; Parent Plus: \$1,500; Couple \$1,500; Family \$2,000; Cross Ref. \$2,000

HRA Funds can be used for a variety of health expenses:

- Prescriptions
- Deductible
- Co-insurance
- Dental*
- Vision*



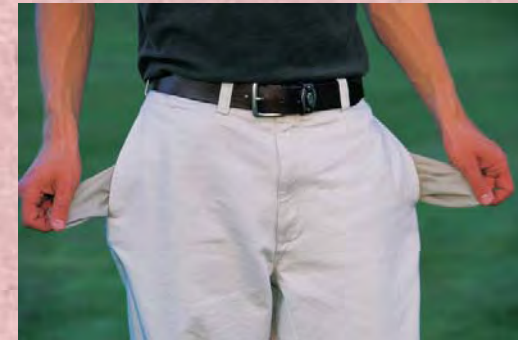
* These amounts do not apply to deductible or max out-of-pocket for plan.

COMMONWEALTH MAXIMUM CHOICE



Annual Deductible for both In and Out of Network:

- Single \$2,325 (\$2,400)
- Family \$3,530 (\$3,600)



Annual Out-of-Pocket Maximum:

- Single \$3,550 (\$4,700 Out of Network)
- Family \$5,280 (\$7,000 Out of Network)

All COVERED expenses apply to the maximum out-of-pocket

COMMONWEALTH MAXIMUM CHOICE



Co-Insurance

- Plan 90% (60% if Out of Network)
- Member 10% (40% if Out of Network)



Doctor Visits

- Deductible then 10%
(Deductible then 40% if Out of Network)

COMMONWEALTH MAXIMUM CHOICE



Routine Well Child Care

- Covered at 100% (Not Covered if Out of Network)
(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)



Routine Well Adult Care

- Covered at 100% (Not Covered if Out of Network)
(Member may be subject to deductible and co-insurance if visit is determined as diagnostic)

COMMONWEALTH MAXIMUM CHOICE



Prescription Drugs – 30 Day Supply

Each Tier In Network

Deductible then 10%

Out of Network

Deductible then 40%

Once member has met the maximum out-of-pocket
all services are covered at 100% including scripts



At KEHP, "Members Matter"

COMMONWEALTH MAXIMUM CHOICE



Prescription Drugs – 90 Day Supply

Each Tier In Network

Deductible then 10%



COMMONWEALTH MAXIMUM CHOICE



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$617.68	\$586.94	\$30.74
Parent Plus	\$878.06	\$757.46	\$120.60
Couple	\$1,230.98	\$859.88	\$371.10
Family	\$1404.06	\$962.06	\$442.00
Family X-ref	\$702.04	\$656.82	\$45.22

All employee contributions are per employee, per month

COMMONWEALTH MAXIMUM CHOICE



(Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$617.68	\$561.06	\$56.62
Parent Plus	\$878.06	\$703.66	\$174.40
Couple	\$1,230.98	\$805.54	\$425.44
Family	\$1,404.06	\$907.86	\$496.20
Family X-ref	\$702.04	\$631.68	\$70.36

All employee contributions are per employee, per month

COMMONWEALTH MAXIMUM CHOICE



PROS

- Embedded HRA to use toward out-of-pocket expenses and unused funds roll over to next plan year if the Maximum Choice plan is elected for the following year
- Good plan for healthy and very unhealthy members
- Plan pays 100% after max out-of-pocket is obtained
- Well Checks/Preventative covered at 100% unless visit is considered diagnostic

COMMONWEALTH MAXIMUM CHOICE



CONS

- Member will pay out-of-pocket first until deductible is satisfied then pay co-insurance until max out-of-pocket is met
- Plan does not have fixed co-pays for providers or for prescriptions
- Max out-of-pocket is higher for both single and family plans

Commonwealth Capitol Choice

COMMONWEALTH CAPITOL CHOICE



Annual Deductible:

- Single \$600 (\$1,200 Out of Network)
- Family \$1,800 (\$3,600 Out of Network)

Annual Out-of-Pocket Maximum:

- Single \$2,400 (\$4,000 Out of Network)
- Family \$7,000 (\$9,650 Out of Network)



Excludes prescription drug Co-Pays and all other Co-Pays

COMMONWEALTH CAPITOL CHOICE



Co-Insurance

- Plan 80% (60% if Out of Network)
- Member 20% (40% if Out of Network)

Doctor Visits In Network

- \$20 PCP
- \$25 Specialist

Out of Network

Deductible then 40%

COMMONWEALTH CAPITOL CHOICE



Routine Well Child Care

- \$15 Co-Pay (Member will be subject to deductible and 40% co-insurance if Out of Network)



Routine Well Adult Care

- \$15 Co-Pay (Member will be subject to deductible and 40% co-insurance if Out of Network)



At KEHP, "Members Matter"

COMMONWEALTH CAPITOL CHOICE



Prescription Drugs

30-Day Supply

Tier 1 – Generic \$10

Tier 2 – Formulary \$25

Tier 3 – Non-Formulary \$45



COMMONWEALTH CAPITOL CHOICE



Prescription Drugs

90-Day Supply

(Retail or Mail Order)

Tier 1 – Generic \$15

Tier 2 – Formulary \$45

Tier 3 – Non-Formulary \$90



COMMONWEALTH CAPITOL CHOICE



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$638.16	\$600.92	\$37.24
Parent Plus	\$927.08	\$767.08	\$160.00
Couple	\$1,414.46	\$921.46	\$493.00
Family	\$1,568.06	\$984.06	\$584.00
Family X-ref	\$784.04	\$731.30	\$52.74

All employee contributions are per employee, per month

COMMONWEALTH CAPITOL CHOICE



(Smoker)	Employer		
	<u>Total Premium</u>	<u>Contribution</u>	<u>Contribution</u>
Single	\$638.16	\$575.10	\$63.06
Parent Plus	\$927.08	\$713.60	\$213.48
Couple	\$1,414.46	\$867.34	\$547.12
Family	\$1,568.06	\$930.06	\$638.00
Family X-ref	\$784.04	\$706.02	\$78.02

All employee contributions are per employee, per month

COMMONWEALTH CAPITOL CHOICE



PROS

- One time \$500 Benefit Allowance for each covered person on the plan; member cannot choose how to spend the \$500, it is deducted behind the scenes as claims are incurred
- Predictable co-pays
- Predictable prescription co-pays
- Cheap max out-of-pocket for single coverage

COMMONWEALTH CAPITOL CHOICE



CONS

- Higher premium
- Preventative and Well Checks are not free
- Max out-of-pocket is higher for family plan compared to Maximum Choice plan and Optimum Plan

Commonwealth Optimum PPO

COMMONWEALTH OPTIMUM PPO



Annual Deductible:

- Single \$355 (\$720 Out of Network)
- Family \$720 (\$1,430 Out of Network)

Annual Out-of-Pocket Maximum:

- Single \$1,350 (\$2,700 Out of Network)
- Family \$2,700 (\$5,350 Out of Network)



Excludes prescription drug Co-Pays and all other Co-Pays



COMMONWEALTH OPTIMUM PPO

Co-Insurance

- Plan: 85% (70% if Out of Network)
- Member: 15% (30% if Out of Network)

Doctor Visits In Network

- \$15 PCP
- \$20 Specialist

Out of Network

Deductible then 30%

COMMONWEALTH OPTIMUM CHOICE



Routine Well Child Care

- \$10 Co-Pay (Member will be subject to deductible and 30% co-insurance if out of network)



Routine Well Adult Care

- \$10 Co-Pay (Member will be subject to deductible and 30% co-insurance if out of network)



At KEHP, "Members Matter"

COMMONWEALTH OPTIMUM PPO



Prescription Drugs

30-Day Supply

Tier 1 – Generic \$10

Tier 2 – Formulary \$25

Tier 3 – Non-Formulary \$45

Out of Network

30%



At KEHP, "Members Matter"

COMMONWEALTH OPTIMUM PPO



Prescription Drugs

90-Day Supply

(Retail or Mail Order)

Tier 1 – Generic \$15

Tier 2 – Formulary \$45

Tier 3 – Non-Formulary \$90

Out of Network

Not Applicable



COMMONWEALTH OPTIMUM PPO



(Non Smoker)	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>
Single	\$663.30	\$600.56	\$62.74
Parent Plus	\$922.88	\$727.28	\$195.60
Couple	\$1,432.36	\$911.76	\$520.60
Family	\$1,595.80	\$973.30	\$622.50
Family X-ref	\$797.90	\$728.16	\$69.74

All employee contributions are per employee, per month

COMMONWEALTH OPTIMUM PPO



(Smoker)	Employer			Employee	
	<u>Total Premium</u>	<u>Contribution</u>		<u>Contribution</u>	
Single	\$663.30	\$574.94		\$88.36	
Parent Plus	\$922.88	\$673.28		\$249.60	
Couple	\$1,432.36	\$856.98		\$575.38	
Family	\$1,595.80	\$918.54		\$677.26	
Family X-ref	\$797.90	\$702.92		\$94.98	

All employee contributions are per employee, per month

COMMONWEALTH OPTIMUM PPO



PROS

- Predictable co-pays
- Predictable prescription co-pays
- Cheap max out-of-pocket



COMMONWEALTH OPTIMUM PPO



CONS

- Higher premium
- After max out-of-pocket is met, member is still responsible for co-pays



Health Reimbursement Account (HRA)

HEALTH REIMBURSEMENT ACCOUNT (HRA)



- \$2100 employer contribution loaded on a Visa to use towards Medical, Dental and Vision expenses
 - Co-Payments
 - Deductibles
 - Eyeglasses
 - Dental
 - Prescriptions
- Not eligible to be used for over-the-counter medicine



HEALTH REIMBURSEMENT ACCOUNT (HRA)



- Only available to those waiving health insurance coverage
- Unused money will carry to the next year*

*Specific requirements-must keep the same plan as prior year election

WAIVER DENTAL/VISION ONLY
HEALTH REIMBURSEMENT
ACCOUNT (HRA)

***NEW* WAIVER DENTAL/VISION ONLY HEALTH REIMBURSEMENT ACCOUNT(HRA)**



- Covers dental and vision services **ONLY!!**
- Waiver Dental/Vision is available for employees and their spouses who have a Health Savings Account (HSA) and the Waiver HRA is not
- Ideal for employees who are over 65 years old, have returned to work and are enrolled in Medicare
 - This HRA will have no affect on Medicare and Medicare will remain your primary payer



WAIVER DENTAL/VISION ONLY HRA



- Certain dental fees such as cleanings, fillings and crowns
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction



(Teeth Whitening is excluded for coverage)

NOTE: CLAIM SUBSTANTIATION IS REQUIRED

FLEXIBLE SPENDING ACCOUNT (FSA)

FLEXIBLE SPENDING ACCOUNT (FSA)



- FSAs are offered under a section 125 cafeteria plan and are a pre-tax benefit to employees.
 - Employee money (not all agencies participate)
 - Employee must enroll every year - FSAs do not rollover to new plan year
 - Unused money is forfeited - “Use-It or Lose-It” Rule
 - Certain qualifying events will allow election changes during the year

FLEXIBLE SPENDING ACCOUNT (FSA)



- Pre-tax benefit to pay for:
 - Co-payments
 - Deductibles
 - Eyeglasses
 - Dental services
 - Braces
 - Prescriptions (not eligible for over the counter medication)



FLEXIBLE SPENDING ACCOUNT (FSA)



- \$5000.00 Maximum Contribution
- Certain Qualifying Events will allow election changes during the year (See Admin. Manual for details)
- Employees have until **March 31st** of the following plan year to submit claims that were incurred during the period of coverage

DEPENDENT CARE ACCOUNT

DEPENDENT CARE FSA



- Employee pre-tax benefit to pay for:
 - Day Care Services (under age 13)
 - Adult Care Services (disabled dependents)



Note: Expenses must be employment related.

*Reimbursements will only be provided for daycare/
adult care services while employee is working.*

DEPENDENT CARE FSA



- Employee must enroll every year
 - Employee elects annual dollar amount that must be used in current plan year
 - Maximum contribution is based on tax filing status:
 - Head of household (HOH) \$5000
 - Married Filing Separately \$2500
 - Married Filing Jointly \$5000
- (DEI no longer monitors the tax filing status)



DEPENDENT CARE FSA

Dependent Care FSAs are offered under a section 125 cafeteria plan and are a pre-tax benefit to employees.

- Employee money (not all agencies participate)
- Employee must enroll every year Dependent Care FSA's do not rollover to new plan year.
- Unused money is forfeited- "Use-IT or Lose-It" Rule
- Certain qualifying events will allow election changes during the year. (See Admin. Manual for details)

HUMANAAccesssm CARD

HUMANAAACCESSsm CARD



Who will receive the HumanaAccesssm Card?

- Maximum Choice Plan members
- HRA Waivers
- Dental/Vision ONLY HRA Waivers
- Flexible Spending Account Members



Members who currently have a HumanaAccesssmVISA® Debit card that expires in 2011 will receive a new card for 2012 plan year if one of the above plans is elected.

HUMANAACCESSsm CARD



- Members can use the Access Card at the time of service or file a paper claim
- Substantiation is required for HumanaAccess Card
- All funds are loaded on the same card
 - Members COULD participate in more than one HumanaAccess card account
 - Example: Member elects Maximum Choice plan and also has a Flexible Spending Account

HUMANACCESSsm VISA[®] DEBIT CARD



- Must be activated prior to use
- Swipe card to make purchase and select the “credit” option
- Amount of transaction is automatically deducted from account balance
- If member has an FSA, funds will be deducted from FSA first because FSA will not roll over
- Can be used at pharmacies, doctor’s office, hospitals and drug stores



HUMANACCESS CARD DENIALS



- Substantiation
- Outstanding substantiation for prior claims
- Using old Access Card
- Member is not showing active in the system
- Provider could be swiping card incorrectly
- Member has a zero account balance on Access Card

In the event of an Access Card denial members should contact HUMANA at 800-604-6228.

HUMANAAACCESS CARD CLAIM PAYMENTS



- Electronic at the time of service
- By providing numbers on Access Card to provider office on the bill
- Reimbursement (filing paper claim)

Mail to:

Humana Spending Account Administration

P.O. Box 14167

Lexington KY 40512-4167

Fax to :

800-905-1851



At KEHP, "Members Matter"

FSA AND HRA TERMINATION DATES



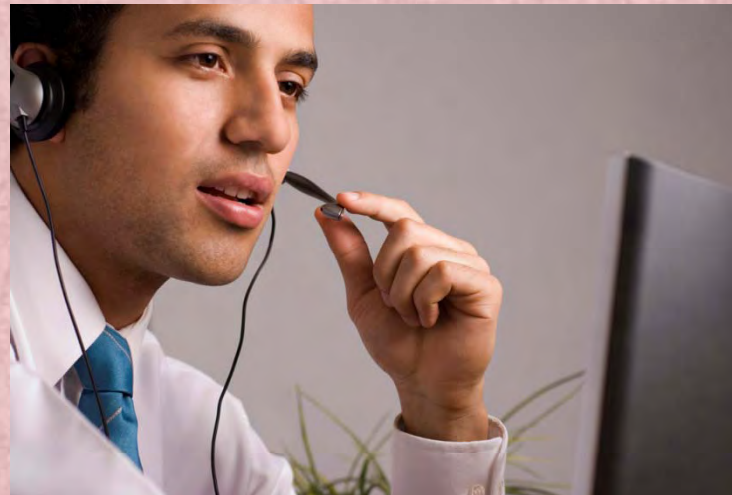
- Termination dates for an FSA and an HRA is the day employment ends or the day the employee retires
- HRA Contributions are paid by the employer up to the date employment ends



FOR FSA AND HRA QUESTIONS



- Contact Financial Management Branch Flex Team
 - PHONE: 502-564-0350 or 502-564-0351
 - FAX: 502-564-0364



ELIGIBILITY GUIDELINES FOR 2012

ELIGIBILITY/VERIFICATION REQUIREMENTS



Spouse

- A person of the opposite sex to whom you are legally married



Documentation Requirements

- Legible photocopy of the marriage certificate OR
- Legible photocopy of top half of the front page of employee/retiree's most recent federal tax return (Form 1040)

ELIGIBILITY/VERIFICATION REQUIREMENTS



Common Law Spouse

- A person of the opposite sex with whom you have established a Common Law union in a state which recognizes Common Law Marriage (Kentucky does not recognize Common Law Marriage)

Documentation Requirements

- A legible photocopy of the Certificate or Affidavit of Common Law Marriage from a state that recognizes Common Law Marriage

ELIGIBILITY/VERIFICATION REQUIREMENTS



Child Age 0 to 18

- Son, daughter, stepson, stepdaughter, foster child, adopted child, grandchild

Documentation Requirements

- Natural Child – legible copy of child's birth certificate showing employee/retiree as parent
- Step Child – legible photocopy of child's birth certificate showing employee/retiree's spouse as a parent AND copy of marriage certificate showing names of employee/retiree and the spouse
- Legal Guardian, Adoption, Foster Child – legible photocopy of court orders, guardianship documents, affidavits OR legible legal decrees



ELIGIBILITY/VERIFICATION REQUIREMENTS



Child Age 19 to 25

- Son, daughter, stepson, stepdaughter, foster child, adopted child, grandchild
- AND NOT eligible to enroll in an employer-sponsored health plan

Documentation Requirements

- Natural Child – legible copy of child's birth certificate showing employee/retiree as parent.
- Step Child – legible photocopy of child's birth certificate showing employee/retiree's spouse as a parent
 - AND copy of marriage certificate showing names of employee/retiree and the spouse
 - AND the Kentucky Employees' Health Plan 2011 Certification of Dependent Eligibility form



ELIGIBILITY/VERIFICATION REQUIREMENTS



Disabled Dependent

- A dependent child who is totally and permanently disabled may be covered under your KEHP benefit plan beyond the end of the month in which he/she turns 26, provided the disability started before his/her 26th birthday and is medically-certified by a physician
- A disabled dependent not covered in KEHP prior to his/her 26th birthday may be enrolled in the KEHP only if he/she loses other coverage

Documentation Requirements

- Contact the Enrollment Information Branch for the specific documentation needed at 888-581-8834

ELIGIBILITY/VERIFICATION REQUIREMENTS



Cross Reference Payment Option

- A payment option involving two employees/retirees who are a legally married couple and enroll themselves and at least one child as a dependent in a KEHP family plan

Documentation Requirements

- The same documents required to verify spouse and children

WELLNESS

WELLNESS ANNOUNCEMENT



Virgin HealthMiles Announcement

- Since 2008 the Virgin HealthMiles program has been offered to Kentucky Employees' Health Plan (KEHP) members.
- Effective December 31, the Virgin HealthMiles program will no longer be offered to KEHP members.
- KEHP will soon be sending notification letters to all Virgin HealthMiles participants.
- Members will also receive additional communications from Virgin HealthMiles about spending down his or her HealthCash before January 30, 2012, as all accounts will be closed on January 31.
- Members with questions about his or her Virgin HealthMiles account, should contact 866-852-6467 (Mon-Fri, 8 a.m.-9 p.m.) or healthmiles@virginhealthmiles.com.

Coming Soon

The KEHP is constantly seeking innovative ways for state employees, retirees, teachers and quasi-agency employees to reach their wellness goals.

Watch for an announcement from KEHP coming this fall, where we hope to offer a new way to reward members for meeting and exceeding his or her wellness goals.

At KEHP, "Members Matter"

WELLNESS



Disease Management Programs are available through ActiveHealth Management

- Heart and Blood Vessel Conditions
- Diabetes
- Lung Conditions
- Stomach and Intestine Conditions
- Kidney Conditions
- Cancer
- Bone and Joint Conditions
- Neurologic Conditions
- Healthy Aging-65
- Weight Management
- Other Conditions



WELLNESS



Smoking Cessation Programs

- Cooper Clayton
 - 12 weeks of smoking cessation classes
 - 12 weeks of nicotine replacement therapy
- Tobacco Quit Line
 - Weekly calls from a Tobacco Quit Line counselor
 - Smoking voucher for nicotine replacement patches, gum or lozenges



Note: Members must have active smoking status on plan to participate in program and may be eligible to change smoking status upon completion of smoking cessation program.

WELLNESS

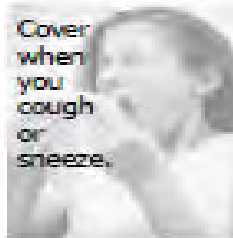


The most effective actions to take to reduce your chances of getting the flu...

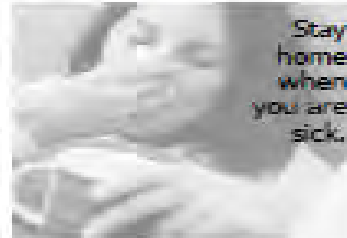
Wash your hands, often!



Cover
when
you
cough
or
sneeze.



Stay
home
when
you are
sick.



Get a flu shot!



KEHP is pleased to announce that all health plan members can receive a **FREE** flu shot September 15 through December 15, 2011.

Flu shots are available at a variety of participating provider locations including: doctors' offices, health clinics, retail pharmacies, local health departments and other medical providers.

According to the Centers for Disease Control and Prevention, an annual vaccination is the first and most important step in protecting against the flu. Health experts also recommend that everyone six months of age and older get vaccinated against influenza. Each year, more than 200,000 people are hospitalized from the flu, including an average of 20,000 children younger than five years of age. Now is the time to protect yourself, your family and co-workers from this potentially serious disease. Visit the Personnel Cabinet's website kehpn.ky.gov for FAQs and other important flu shot information.

Note: If you are a participant in the Waiver HRA, and therefore not a KEHP member with health insurance, you can pay for your flu shot with your HumanaAccessSM Visa[®] Debit Card.



At KEHP, "Members Matter"

KEHP RESOURCES

KENTUCKY EMPLOYEES' HEALTH PLAN



<https://personnel.ky.gov/dei/11/oe>

2011 Plan Year

Forms

Healthcare Videos

Summary Plan Descriptions

2010 Plan Year

Journey to Wellness

Virgin HealthMiles

Kentucky Group Health Insurance Board

Advisory Committee of State Health Insurance Subscribers

Historical Information

Other Links

Privacy Act (HIPAA)

Contact Us

- [Summary Plan Descriptions](#)
- [KEHP Benefit Selection Guide](#) (PDF - 1 MB)
- [2011 Rates](#) (PDF - 122 KB)
- [2011 Benefits Grid](#) (PDF-142KB)
- [2011 COBRA Rates](#)(PDF-10KB)
- [2011 COBRA Calendar](#)(PDF-13KB)

- [Application](#) (PDF - 105 KB)
- [Legal Notice](#) (PDF - 96 KB)
- [FAQ](#) (PDF - 59 KB)
- [Listing of Voluntary/Optional Insurance Carriers Approved for Payroll Deduction](#) (PDF - 27 KB)
- [Formulary Listing](#)(PDF-350KB)
- [90 Days Retail Maintenance Pharmacies](#) (PDF-104KB)

- [Healthier Generation Details](#) (PDF - 365K)
- [Virgin HealthMiles](#)
- [Wellness Information](#)
- [Healthcare Videos to Help You Stay Smart, Stay Healthy](#)
- [Health Screening / Flu Shot Information](#) (PDF - 119 KB)
- [2011 HRA/FSA Quick Reference Guide](#)(PDF-996KB)
- [FSA/HRA Allowable Expense List](#)(PDF-91KB)

[Dependent Eligibility Rules and Verification Requirements](#) (PDF - 54 KB)

[2011 Certification of Dependent Eligibility](#) (PDF - 67 KB)

Memo: [Over-the-Counter \(OTC\) Medicines for Plan Year 2011](#) (PDF - 49 KB)

Retirees (Under 65)

- [Retiree Application](#) (PDF - 420 KB)

- [2011 Medicare Part D Notice](#) (PDF - 30 KB)

Insurance Coordinators(ICs)-Non Commonwealth Paid Agencies
Human Resource Generalists(HRGs)-Commonwealth Paid Agencies

EXPRESS SCRIPTS ONLINE



<https://www.express-scripts.com/>

A screenshot of the Express Scripts website homepage. The header includes the Express Scripts logo, navigation links for Shopping Cart, Home, FAQ, Contact Us, and Sign Out, and an Adjust Font Size option. A user greeting "Hello, I" is visible. The main content area is divided into three columns: Home Delivery, My Benefits, and Auto Refills. The Home Delivery column lists actions like Place an Order, Order a refill, Setup auto refills, Renew a prescription, Fill a new prescription, Switch to home delivery, Check Your Status, Check order status, and Check on a renewal request. The My Benefits column includes links for Coverage & copayments, Price a drug, Find a pharmacy, and information about adult dependents. The Auto Refills column lists three reasons it can work for you: 1. Never risk running out of your medications again, 2. Get reminders 7 days before processing begins, and 3. Change the processing date or cancel anytime. It also includes links for setup auto refills, change processing dates or cancel, and a mobile app link. The Kentucky logo is in the bottom left corner.

At KEHP, "Members Matter"

EXPRESS SCRIPTS UPDATE FOR 2012



Currently, Express Scripts and Walgreens are involved in a contractual dispute that may impact their participation in the KEHP pharmacy network. If ESI and Walgreens can't resolve this dispute, Walgreens will no longer participate in the KEHP network 1/1/2012. DEI does not in any way participate or intervene in any pharmacy network acceptance, contracting, or credentialing.

We understand that Express Scripts and Walgreens are still negotiating In attempt to resolve this issue before 1/1/2012.

HUMANA ONLINE



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Humana Websites

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- » for Employers & Administrators
- » for Pharmacists
- » for Agents & Brokers
- » for Government & Public Sectors
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At KEHP, "Members Matter"

WHO TO CALL AND WHERE TO CLICK



Who to Call

- Humana: 877-KYSPIRIT
- Express Scripts: 877-KYSPIRIT
- KEHP: 888-581-8834
502-564-6534
- KTRS : 800-618-1687
502-848-8500
- KRS : 800-928-4646 (opt 2)
502-696-8800 (opt 2)
- KCTCS Retirement 859-256-3100
- Judicial Retirement OR
Legislative Retirement 502-564-5310

Where to Click

www.myhumana.com

www.express-scripts.com

www.kehpnky.gov

www.ktrs.gov

www.kyret.ky.gov

At KEHP, "Members Matter"

HIPAA TRAINING 2011



- HIPAA TRAINING must be completed by 12/31/2011 via the web at <https://ky.train.org>
- Course number 1019274.

NOTE: If when launching the module you are informed that you've already taken the training, that simply means you still need to take the evaluation from the previous HIPAA module. Once taken, you can launch the new training.



HAPPY OPEN ENROLLMENT!



Reminders before you leave:

- Please complete your evaluation of training, your feedback is very important to DEI.
- Certificates of training will be provided as you leave today.
- Don't forget to complete HIPAA Training online

THANK YOU FOR COMING!!



KHRIS-ESS SELF SERVICE

- Please refer to KHRIS-ESS handouts when assisting members enrolling in the KHRIS Self Service System for Open Enrollment.

Please pay close attention as the instructor demonstrates the KHRIS-ESS (Employee Self Service) Open Enrollment screens for members.